2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State

DOCUMENT # P04000018725 1. Entity Name MB REALTY INTERNATIONAL CORP.					03-21-2005 90	-		00
Principal Place of Business	Mailing Address		<u> </u>	1				
5801 CONGRESS AVENUE 5801 CONGRESS AVENUE								
BOCA RATON, FL 33487 BOCA RATON, FL 33487								
				1 1888081 111	 	n ariri mael mail famil		
Principal Place of Business 3. Mailing Address			 -					
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Suite, Apt. #, etc.	Suite, Apt. #, etc.		03102005	Chg-P	CR2E034 (1	0/03)		
City & State	City & State			4. FEI Numbe			Ap	plied For
				20-0	7204°	33	No	t Applicable
Zip Country	Zip	Coun	try	5. Certificate	of Status Desired		'5 Add lequired	
6. Name and Address of Current F	Registered Agent		I	7. Name and	Address of New R		_ <u>`</u> _	
			Name					
MOMBACH, GEOFFREY S 500 EAST BROWARD BLVD SUITE 1950			Street Address (P.O. Box Number is Not Acceptable)					
FORT LAUDERDALE, FL 33394			oligoty addiss (1.6) box familion is not necessarily					
· ·								
			City	<u> </u>		FL 2	ip Code	_
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc							and accept	
the obligations of registered agent.								
SIGNATURE								
Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE	: Registere	d Agent signeture required	d when reinstating)		DATE		
FILE NOWIN FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees								
10. OFFICERS AND I		11.	 -	ADDITIONS/	CHANGES TO OFF			
TITLE D NAME SHEEHAN, MARYBETH	☐ Delete	TITL	I .			Ü	Change	☐ Addition
STREET ADDRESS 5801 CONGRESS AVENUE			ET ADORESS					
CITY-ST-ZIP BOCA RATON, FL 33487		CITY	-ST-ZIP					
TITLE	☐ Delete	TITL					Change	■ Addition
NAME STREET ADDRESS		NAM	E ET ADDRESS					
CITY-ST-ZIP			-ST-ZIP					
ITLE	☐ Delete	mu	E				hange	Addition
NAME		NAM	- 1					
STREET ADDRESS CITY-ST-ZIP			ET ADORESS -ST-ZIP					
TITLE	☐ Delete	titu	·				Change	Addition
NAME	L.: Deicle	NAM	ì				манус	☐ Addition
STREET ADDRESS		STRE	EET ADDRESS					
CITY-ST-ZIP		спу	-ST-ZIP					
TITLE	Delete	IIIL	I.				hange	☐ Addition
NAME STREET ADDRESS		NAM STRE	EET ADDRESS					
I F			CIADUNESS I					
CITY-ST-ZIP			-ST-ZIP					
TITLE	Delete		-ST-ZIP				hange	☐ Addition
TITLE NAME	☐ Delicte	CITY TITL	-ST-ZIP E	, <u>, , , , , , , , , , , , , , , , , , </u>			thange	Addition
me	□ Delete	TITLI NAM STRE	-ST-ZIP				Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

PICANATURE JOHO TYPED OR PRINTED NUMBE OF SIGNAMO OFFICER OR DIRECTOR

541.860.9490
